


EXHIBIT A

PROOF OF CLAIM	
Name of Debtor	Case Number
<p>NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>	
Name of Creditor and Address <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> 11321241009387 ESTEVES, DOUG DEVELOPERS CAPITAL FUNDING 4500 S LAKESHORE DR STE 322 TEMPE AZ 85282-7190 </div> <p style="text-align: center; margin: 5px 0;">480-831-2666</p>	<div style="text-align: right; font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">REC'D SEP 25 2006</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div> <div style="width: 35%; font-size: 0.8em;"> <p>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p style="text-align: center; font-weight: bold;">THIS SPACE IS FOR COURT USE ONLY</p> </div> </div>
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> or amends a previously filed claim dated _____.
1 BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned </div> <div style="width: 30%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) _____ </div> <div style="width: 30%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> <div style="width: 30%;"> <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div>	
2 DATE DEBT WAS INCURRED <u>APRIL 6, 2006</u>	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM \$ <u>87,500</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.	SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <u>87,500</u> (unsecured) \$ _____ (secured) \$ _____ (priority) \$ <u>87,500</u> (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911	THIS SPACE FOR COURT USE ONLY <div style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">Filed Date</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0 0 10px 0;">9/25/2006</div> <div style="text-align: center;">  <small>USA CMC 1072500217</small> </div>
DATE <u>9-22-06</u>	SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <u>Douglas Estey - President</u>

Douglas A. Esteves
USA Capital

4500 S Lakeshore Dr # 322
Tempe, Arizona 85282
Ph 480-831-2886
Cell 602-432-7472
Fax 480-831-9077

VIA E-Mail vlcob@usacapitalcorp.com

Payroll Request

This letter serves as a payroll request for the funding on the property commonly referred to as The Gardens Timeshare Resort, located in Orlando, Florida Phase 2 construction

CLOSING DATE: On or about April 6, 2006

BORROWER: The Gardens, LLC
Donald Granatstein and Gerald Cadesky

LENDER: USA Capital

LOAN AMOUNT: \$9,000,000

LENDERS FEE: 5% of the gross loan amount \$ 450,000

PRODUCTION BONUS. \$20,000
For loan production in excess of \$20,000,000

AMOUNT DUE: 15% of Lenders Fee \$ 67,500
Production Bonus \$20,000
Total Due \$87,500

PLEASE PAY. Developers Capital Funding, Corp EIN 75-3155057
4500 S Lakeshore Dr Suite 322
Tempe, Arizona 85282

Respectfully Submitted,

Douglas A. Esteves

U.S Bankruptcy Court

District of Nevada

Notice of Electronic Claims Filing

The following transaction was received from BMC GROUP, INC , on 10/2/2006 10 49 AM PDT

Case Name [REDACTED] REAL MORTGAGE COMPANY

Case Number [REDACTED]

Creditor Name: ESTEVES, DOUG
DEVELOPERS CAPITAL FUNDING
4500 S LAKESHORE DR
STE 322
TEMPE AZ 85282-7190

Claim Number [REDACTED] Claims Register

Total Amount Claimed. \$87500 00

The following document(s) are associated with this transaction

Document description Main Document

Original filename: 10725_DougEsteves pdf

Electronic document Stamp:

[STAMP bkecfStamp_ID=989277954 [Date=10/2/2006] [FileNumber=7356784-0]
[4208eafa67816445dadcfcf088c32240999798905ec411bda03ce0ad71a8fb932764
ede976f5662a6f50cbf36a3b87ba0a96744ce17132169bc736d76d216d5a]]

06-10725-lbr Notice will be electronically mailed to

FRANKLIN C ADAMS franklin adams@bbklaw com, arthur johnston@bbklaw com

NANCY L ALLF nallf@parsonsbehle com,
klawrence@parsonsbehle com,thomas@parsonsbehle com,ecf@parsonsbehle com

OGONNA M ATAMOH oatamoh@nevadafirm com,
bkecf@nevadafirm com,paltstatt@nevadafirm com,sliberio@nevadafirm com

BMC GROUP, INC evrato@bmcgroup com,
ecf@bmcgroup com,jmiller@bmcgroup com,jbartlett@bmcgroup com

KELLY J BRINKMAN kbrinkman@gooldpatterson com,

THOMAS R BROOKSBANK tom@tombrooksbank com, renee@tombrooksbank com

ANDREW M BRUMBY abrumby@shutts-law com, rhicks@shutts-law com,lmackson@shutts-
law com

MATTHEW Q CALLISTER mqc@callister-reynolds com, maggie@callister-reynolds com

CANDACE C CARLYON ltreadway@sheacarlyon com,